

REQUEST FORM FOR SPECIAL ARRANGEMENTS

Examination Period:
Examination Centre:

Candidate's Information

Last name:
First name:
Father's name:
Date of birth:
Level: B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/>
Refer Candidates: Listening <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Speaking <input type="checkbox"/>
School candidate: <input type="checkbox"/> Language School:
Individual candidate: <input type="checkbox"/>

Contact Information

Contact person:
Mobile:
Telephone:
e-mail:

I attach:

1. A certified copy of the medical report in Greek from a Public Hospital or Social Insurance (reports from Pavlidis Dyslexia Centers are also accepted) <input type="checkbox"/>
2. In case of dyslexia/dysgraphia, I also attach 2 recent writing texts of the candidate <input type="checkbox"/>

You do not need to submit medical evidence again, if you have taken the NOCN examinations under Special arrangements. **If you fall into this category, please specify the exam period on which the most recent medical documentation was submitted:** _____

ATTENTION: You need to submit the Request form for special arrangements every time you apply for the examinations.

Signature: _____ Date: _____

Please send the documents by post or courier to:

Esol Exams

Σόλωνος 120, 10681, Αθήνα, τηλ. 2103300011